NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark		Date Received			Notification #	
TYPE OF NOTIFICATION (O-Original, R-):	R-3 Addition			onal Quantities		
FACILITY INFORMATION (Identify Own	er, Removal Contracto	or and Other Ope	rator):				
OWNER NAME: NYCMTA	OWNER NAME: NYCMTA						
Address: 2 Broadway		Terra Disease					
City: New York State: NY Zip: 10004							
Contact Name: Jaikaran Dinaram	Contact Name: Jaikaran Dinaram Telephone: 646 252-3508						2-3508
REMOVAL CONTRACTOR: Trio Asbes	tos Removal, Corp.						
Address:	15-06 129th Street						
City:	College Point		Zip:	NY	Zip: 11356-0000		
Contact Name: Christopher Horan, F	President				Tele	ephone: 718-961	-4100
OTHER CONTRACTOR:							
Address:				· · · · · · · · · · · · · · · · · · ·			
City:	V		State:		Zip:		
Contact Name:					Tele	ephone:	
TYPE OF OPERATION (D-Demo, O-Ordere	ed Demo, R-Renovation	on, E-Emr. Reno	vation):	R			
IS ASBESTOS PRESENT? (YES NO) Y	es						
FACILITY DESCRIPTION (Include Building	Name, Number and	Floor or Room N	umber)				
Building Name: Sea Beach Line							
Address: 8 Avenue Station thru Bay Parkway Station							
City: Brooklyn State: NY County: Kings							
Site Location: Tracks, Manholes & Track Equipment							
Building Size:				oors:	Age In Years: 50 years +		
Present Use: Train Station			Prior Use:				
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: PLM - Polarized Light Microscopy							
Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Nonfriable Asbestos Material not to be removed			Indicate Unit of Measurement Below		
		CAT I CAT II		UNIT			
Linear Feet	5,218 LF						
Pipes					LnFt:	X	Ln M:
Surface Area – Square Feet	2,975 SF				SqFt:	X	Sq M:
Vol. RACM off Facility Component					CuFt:		Cu M:
Scheduled Dates Asbestos Removal (mm/dd//yy)		Start Date: 3-7-2016			Complete Date: 3-6-2017		
Schedules Dates Demo/Renovation (mm/dd/yy	/)	Start:	Start: Comple			nplete:	

DESCRIPTION OF WORK PRACTICES AND DESIGNMENTING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASSISTOS AT THE DEMOLITION AND REPOVED SITE #11 PA Vax. MicroTraps (Negative Air Pressure) and amended water will be attilized for omissions confrok. WASTE TRANSPORTER #1 Nume: Ashestos Transportation Company, Inc. Address: 2 Morides Middle Island Road City: Shirley Smith Transportation Company, Inc. Address: NV Zip: 11967 Telephone: 631-924-8589 WASTE TRANSPORTER #2 Nume: Kenny Smith Transportation Company, Inc. Address: Vzp: Telephone: 631-924-8589 WASTE TRANSPORTER #2 Nume: Venture Provided Smith Transportation Company, Inc. Address: Vzp: Telephone: 631-924-8589 WASTE TRANSPORTER #2 Nume: Minerva Enterprises, Inc. Location: 9909 Minerva Road, P.O. Box 709 City: Waynesburg State Ohio Zip: 44688 Telephone: 331-866-3435 If DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Nume: Title: Authority: Date Order (mm/ddyy): Date Ordered to Begin(mm/ddyy): Date Order (mm/ddyy): Date Ordered for Begin(mm/ddyy): Description of the Student, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASPESTOS IS FOUND OR PREVIOUSLY NONFRIABLE CREATED AND MINISTERIAL BECKOMES CRUMBLES; PLUE PREDICTED ASPESTOS IS FOUND OR PREVIOUSLY NONFRIABLE CREATED AND MINISTERIAL BECKOMES CRUMBLES; PLUE PREDICTED TO PROVED AND AND MINISTERIAL BECKOMES CRUMBLES; PLUE PREDCED TO PROVIDE TO AND SERVICE AND AND MINISTERIAL BECKOMES CRUMBLES; PLUE PREDCED TO PROVIDE TO AND SERVICE AND AND MINISTERIAL BECKOMES CRUMBLES; PLUE PREDCED TO PROVIDE TO AND SERVICE AND AND MINISTERIAL BECKOMES CRUMBLES; PLUE PREDCED TO PROVIDE TO AND SERVICE AND AND MINISTERIAL BECKOMES CRUMBLES PLUE PREDCED TO PROVIDE TO AND SERVICE AND AND MINISTERIAL BECKOMES crumber of the province	accordance with the	FPLANNED DEMOLITION OR RENOVATION WORK, AND the applicable New York State Industrial Code Rule 56, Site State double bagged for disposal purposes.	METHOD(S) TO BE USED: T Specific Variance #16-0218 &	his asbestos abatement project will be done in EPA Dry Removal Variance dated 2/4/16.			
Asbestos Transportation Company, Inc. Address: 2 Moriches Middle Island Road City: Shirley State: Ny Lip: 11967 Contact Name: Kenny Smith Tclephone: 631-924-5050 WASTE TRANSPORTER #2 Name: State: V Jephone: 631-924-5050 WASTE DISPOSAL STITE (#1 or #2) State: Tclephone: WASTE DISPOSAL STITE (#1 or #2) Name: Minerva Enterprises, Inc. Location: 9000 Minerva Road, P.O. Box 709 City: May seeburg State: V Jep: 44688 Telephone: Telephone: Telephone: Telephone: May result of the plant of	DESCRIPTION OF	WORK PRACTICES AND ENGINEERING CONTROLS TO E	BE USED TO PREVENT EMIS d amended water will be utiliz	SIONS OF ASBESTOS AT THE DEMOLITION ced for emissions control.			
Address: 2 Moriches Middle Island Road City: 8 hirtey	WASTE TRANSP	ORTER#1					
City: Shirley Shirley Telephone: 631-924-9050 WASTE TRANSPORTER #2 Name: Address: City: Static: Static: Zip: Telephone: 631-924-9050 WASTE DISPOSAL SITE (#1 or #2) Name: Minerya Enterprises, Inc. Location: 9000 Minerya Rond, P.O. Box 709 City: Wayneburg State: Ohio Zip: 44688 Telephone: 330-866-345* IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Title: Date of Order (mm/dd/yy): Date of Order do Be Follow Williams and damed amed or an unreasonable financial burden: Esplanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: Esplanation of PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS NATERIAL BECOMES CRUMBLES, PULVERZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately with which should be completed by a financial burden: DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS IN THAT AN INDIVIDIAL TRAINED IN THE PROVINCING OF THAT EVENT THAT AN INDIVIDIAL TRAINED IN THE PROVINCING OF THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL SEA AN ALABLE FOR INSPECTION DURING NORMAL BUSINESS HOUSE. (required 1 year after promutgation) 3723/2016 Signature of Owner/Operator Date 3723/2016	Name:	Asbestos Transportation Company, Inc.					
Contact Name: Kenny Smith Telephone: 631-924-5050 WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Telephone: WASTE DISPOSAL SITE: (#1 or #2) Name: Minerva Enterprises, Inc. Location: 9000 Minerva Road, P.O. Box 709 City: Waynesburg State: Ohio Zip: 44688 Telephone: 330-866-345 IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Title: Authority: Date of Order (mm/dd/yy): Date Ordered to Begin(mm/dd/yy): FOR EMERGENCY RENOVATIONS Date and Hour of Emergency(mm/dd/yy): Description of the Sudden, Unexpected Event Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: Description of the Sudden, Unexpected Event ABBESTOS MATERIAL BISCOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWIDER, Any ACM which is discovered unexpectedly, or non-fraible ACM which becomes crumbled with be immediately well with amended water and cleared up with HEPA Viacs, to be put in 6 mill poly bags for proper disposal. ACM which becomes crumbled with be immediately well with amended water and cleared up with HEPA Viacs, to be put in 6 mill poly bags for proper disposal. ACM which becomes crumbled with be immediately well with amended water and cleared up with HEPA Viacs, to be put in 6 mill poly bags for proper disposal. ACM which becomes crumbled with be immediately well with amended water and cleared up with HEPA Viacs, to be put in 6 mill poly bags for proper disposal. ACM which becomes crumbled with be immediately well with amended water and cleared up with HEPA Viacs, to be put in 6 mill poly bags for proper disposal. ACM which becomes crumbled with be immediately well with amended water and cleared up with HEPA Viacs, to be put in 6 mill poly bags for proper disposal. ACM which becomes crumbled with be immediately well with amended water and telepromulgation) 3/23/2016 Signature of O	Address:	2 Moriches Middle Island Road					
Name: Address: City: State: Zip: Contact Name: WASTE DISPOSAL SITE (#I or #2) Name: Minerva Enterprises, Inc. Location: 9000 Minerva Road, P.O. Box 709 City: Waynesburg State: Ohio Zip: 44688 Telephone: 330-866-3435 IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Title: Authority: Date of Order (mm/dd/yy): Date Ordered to Begin(mm/dd/yy): POR EMERGENCY RENOVATIONS Date and Hour of Emergency(mm/dd/yy): Description of the Sudden, Unexpected Event: Explanation of flow the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES (RUMBLES, PLI VERIZED, OR REDUCED TO POWDER, Any ACM which is discovered unexpectedly, or non-friable ACM which be comes crambled will be immediately we with amended water and cleamed up with HEPA Vacs, to be put in 6 mile poly bags for proper disposal. I CERTIFY THAT AN INDIVIDIAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART MI) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE ON-SITE DURING THE D	City:	Shirley State: NY Zip: 11967					
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IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Title: Authority: Date of Order (mm/dd/yy): Date Ordered to Begin(mm/dd/yy): FOR EMERGENCY RENOVATIONS Date and Hour of Emergency(mm/dd/yy): Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleamed up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AN ALABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation) 3/23/2016 Signature of Owner/Operator 1 certify that the above information is correct. 3/23/2016	City:	Waynesburg	State: Ohio	Zip: 44688			
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	V WA	3/23/2016					

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark		Date Received		Notificat		otification#	
TYPE OF NOTIFICATION (O-Original,):	R-3 Additiona			nal Quantities			
FACILITY INFORMATION (Identify O	FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):							
OWNER NAME: NYCMTA								
Address: 2 Broadway								
City: New York			State:	NY	Zip	: 10004		
Contact Name: Jaikaran Dinaram					Tel	ephone: 646 252	-3508	
REMOVAL CONTRACTOR: Trio As	pestos Removal, Corp.							
Address:	15-06 129th Street							
City:	College Point		Zip:	ip: NY Zip: 11356-0000			000	
Contact Name: Christopher Hora	, President				Tel	ephone: 718-961-	4100	
OTHER CONTRACTOR:								
Address:								
City:			State:		Zip	:		
Contact Name:					Telephone:			
TYPE OF OPERATION (D-Demo, O-Oro	ered Demo, R-Renovation	on, E-Emr. Reno	vation):	R				
IS ASBESTOS PRESENT? (YES NO)	Yes							
FACILITY DESCRIPTION (Include Build	ing Name, Number and	Floor or Room N	lumber)					
Building Name: Sea Beach Line								
Address: 8 Avenue Station thru Bay Parkway Station								
City: Brooklyn State: NY County: Kings								
Site Location: Tracks, Manholes & Trac	k Equipment							
Building Size:		# of Floors: Age In Years: 50 year			50 years +			
Present Use: Train Station		Prior Use:						
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: PLM - Polarized Light Microscopy								
Approximate amount of asbestos, including 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	: RACM to be removed	Nonfriable Asbestos Material not to be removed			Indicate Unit of Measurement Below			
		CAT I CAT II		UNIT				
Linear Feet	5,218 LF							
Pipes					LnFt:	X	Ln M:	
Surface Area – Square Feet	2,975 SF				SqFt:	X	Sq M:	
Vol. RACM off Facility Component					CuFt:		Cu M:	
Scheduled Dates Asbestos Removal (mm/dd//yy)		Start Date: 3-7-2016			Comp	Complete Date: 3-6-2017		
Schedules Dates Demo/Renovation (mm/dd/yy)		Start:		Complete:				

Methods will include	PLANNED DEMOLITION OR RENOVATION WORK, AND e applicable New York State Industrial Code Rule 56, Site S de double bagged for disposal purposes.	Specific Variance #16-0218 &	EPA Dry Removal Variance dated 2/4/16.			
AND RENOVATIO	WORK PRACTICES AND ENGINEERING CONTROLS TO E N SITE: HEPA Vacs, MicroTraps (Negative Air Pressure) an	BE USED TO PREVENT EMIS: d amended water will be utilize	SIONS OF ASBESTOS AT THE DEMOLITION ed for emissions control.			
WASTE TRANSPO	ORTER#I					
Name:	Asbestos Transportation Company, Inc.					
Address:	2 Moriches Middle Island Road					
City:	Shirley State: NY Zip: 11967					
Contact Name:	Kenny Smith Telephone: 631-924-5050					
WASTE TRANSPO	ORTER #2					
Name:						
Address:						
City:		State:	Zip:			
Contact Name:			Telephone:			
WASTE DISPOSAL	L SITE (#1 or #2)		· · · · · · · · · · · · · · · · · · ·			
Name:	Minerva Enterprises, Inc.					
Location:	9000 Minerva Road, P.O. Box 709					
City:	Waynesburg	State: Ohio	Zip: 44688			
Telephone: 330-866-3	3435		***************************************			
IF DEMOLITION O	RDERED BY A GOVERNMENT AGENCY, PLEASE IDENTI	FY THE AGENCY BELOW:				
Name:	Title:					
Authority:						
Date of Order (mm/d	d/yy):	Date Ordered to Begin(mm/de	d/yy):			
FOR EMERGENC	Y RENOVATIONS					
Date and Hour of Em	ergency(mm/dd/yy):	Po.				
Description of the Su	dden, Unexpected Event:		70.4			
Explanation of how the	he event caused unsafe conditions or would cause equipment dam	nage or an unreasonable financial	burden:			
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I certify that the above	perator Special Specia					